

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 MAY -2 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H91383 (0)**

1. Corporation Name

Home Team Advantage, Inc.

Principal Place of Business

Mailing Address

4408 W. LINEBAUGH AVENUE  
TAMPA FL 33624

4408 W. LINEBAUGH AVENUE  
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 P.O. Box 1022

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

19603

30

USA

3. Date Incorporated or Qualified

3a. Date of Last Report

9/28/89

5/1/94

4. FEI Number

Applied For

59-2980942

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Thomas K. Riden  
4408 W. LINEBAUGH AVENUE  
TAMPA FL 33624

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85

Pin Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(SEE INSTRUCTIONS) Registered Agent signature required when terminating.

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DV
NAME	JACOBSON, RICHARD E.
STREET ADDRESS	4408 W. LINEBAUGH AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	PD
NAME	JACOBSON, MARTIN
STREET ADDRESS	4408 W LINEBAUGH AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	PUGH, LAWRENCE R
STREET ADDRESS	1047 N PARK RD
CITY-ST-ZIP	WYOMISSING PA
TITLE	D
NAME	MCDONALD, MACKAY J
STREET ADDRESS	1047 N PARK RD
CITY-ST-ZIP	WYOMISSING PA
TITLE	V
NAME	RIDEN, THOMAS K
STREET ADDRESS	4408 W LINEGAUGH AVE
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	DERHOFER, GEORGE N
STREET ADDRESS	4408 W LINEBAUGH AVE
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	delete
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	P D MacFarlan, Daniel G. 4408 W. Linebaugh Ave Tampa FL 33624
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	00000148483U -05/12/95--01005--014 ***200.00 ***200.00
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	V D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee thereof, or a person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the attachment with an address.

SIGNATURE:

*[Signature]*

5/1/95

610 378-1151

SIGNATURE AND TYPE OF POSITION TO BE PRINTED BY REGISTERED AGENT OR DIRECTOR

Daytime Phone

Home Team Advantage, Inc.  
Additional Officers

V  
Bennett Oltman  
4408 W. Linebaugh Ave.  
Tampa, FL 33624

S  
Lori M. Tarnoski  
1047 North Park Rd.  
Wyomissing, PA 19610

T  
Frank C. Pickard III  
1047 North Park Rd.  
Wyomissing, PA 19610